Waldorf College
Academic Achievement Center for Excellence
Initial Accommodation Request

**I. General Information**

Date:_____ Student ID # _____

Name: _____ Telephone # _____

Address: _____ Waldorf email: _____

_____ Alternate email: _____

Date of Birth: _____ Major: _____

Planned Waldorf College Entry Date: ☐ Fall ☐ Spring ☐ Summer Year: _____

Preferred Contact Preference: ☐Phone ☐ Waldorf email ☐ Alt. email ☐Other_____

**II. Disability/Academic Information**

What diagnosed disability are you seeking accommodations for? (check all that apply)

____ Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)
____ Blind/Visual Impairment
____ Brain Injury
____ Chronic Illness
____ Deaf/Hard of Hearing
____ Learning Disability
____ Mental Health Impairment
____ Mobility Impairment
____ Speech Impairment
____ Other (please specify) _____

When was this disability first diagnosed or identified? _____

What documentation do you currently have supporting this diagnosis?

| Secondary Schools Attended | Dates (From-To) | Accommodations/Services Used |
| --- | --- | --- |

| Colleges/Universities Attended | Dates (From-To) | Accommodations/Services Used |
| --- | --- | --- |

Please describe how your disability affects your academic performance.

What types of accommodations are helpful to you based on your disability?

Are there any other implications related to your disability that our Student Life Staff should be aware of to assist you while you are on campus? (If yes, please describe)

Are you a client of a rehabilitation agency?

____ Department of the Blind
____ Veterans Administration
____ Vocational Rehabilitation

Please list any services provided by this agency, a contact person, and their contact information:

Name: _____ Title:_____
Phone: _____ Email: _____

## III. Acknowledgement of Services

Waldorf College is committed to providing appropriate accommodations to students with disabilities. These accommodations are provided to assist students with disabilities in accessing their college education at Waldorf College. The student working in conjunction with the Learning Disabilities Specialist will create an appropriate plan for services that includes reasonable and appropriate accommodations. A student with a disability must request services each semester.

I understand that the staff of the Academic Achievement Center for Excellence (AACE) at Waldorf College will have access to my file maintained in the AACE, as well as to academic and other records at Waldorf College. I also understand that in order to meet my educational needs and access my accommodations, it may be necessary for AACE staff members to contact other campus personnel/departments and disclose personal information about my disability, but only on a need to know basis. By completing this form, I consent to such disclosure by the AACE.

I further authorize the AACE to release information regarding my disability, accommodations, and academic standing to the following initialed individuals.

_____ Parent/Guardian _____ & _____

_____ Vocational Rehabilitation Counselor_____

_____ Other:_____

## IV. Confidentiality

The staff in the AACE agrees to keep all information you share with us confidential, with the exception of the individuals listed above, unless you authorize the release of this information to another person, agency or educational institution. An exception would be if we are subpoenaed by a court official to disclose such information then we would have to comply with that request.

I, _____ (full name) have read the above statements of services and confidentiality and fully understand the terms and conditions outlined in this document.

_____ _____

(Signature) (Date)

**V. Approval of Accommodations:**

I understand that completing this form is only the initial step in the accommodation process. When I am registered at Waldorf College, I understand I will need to meet with the Learning Disabilities Specialist to discuss appropriate accommodations and that these accommodations will need to be reviewed each semester to check legal aspects and to develop letters to the faculty disclosing accommodation requirements. I understand that degree program requirements cannot be altered and academic standards will not be lowered.

I also understand that I am my own advocate. It is my responsibility to request accommodations and to notify instructors of my need for accommodations. If I am enrolled in the LD Program at Waldorf College, I understand that the AACE will also be contacting my instructors about my required accommodations as well.

It is my responsibility to report any concerns I may have regarding accommodations to the Learning Disabilities Specialist in the AACE.

Documentation of my disability must be provided to the AACE office before accommodations can be provided. I realize that I may need to obtain additional documentation if I submit documentation that lacks certain required attributes and that some accommodations may not be able to be granted until the required documentation is obtained.

I understand upon transferring to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements and it is my responsibility to obtain additional documentation the transfer institution might request.

I affirm that the information contained in this form is true and accurate to the best of my knowledge. If any information changes, I will notify the Learning Disabilities Specialist immediately.

_____ _____
(Student Signature) (Date)

Return this accommodation request form and diagnostic documentation with suggested accommodations to:

Learning Disabilities Specialist
Waldorf College
106 South Sixth Street
Forest City, IA 50436

Or fax to:
641-585-8194 and the Attention of the Learning Disabilities Specialist